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V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8805

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 2288

1. PLACE OF DEATH:
(a) County
(b) City or town St.Louis,Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St.Louis (If outside city or town limits, write "RURAL") 25
(d) Street No. Warwick Hotel 15th & Locust (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Clarence Lee Norwine
3. (b) If veteran, name war Unknown
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sula
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 16 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	6	21	hr. min.

9. Birthplace St.Francis Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Salesman
11. Industry or business

FATHER
12. Name William H.Norwine
13. Birthplace St.Francis Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Martha Unknown
15. Birthplace St.Francis Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mabel Norwine
(b) Address 6660 Washington Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-9-40 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre,Mo.
18. (a) Signature of funeral director Albert H.Hoppe
(b) Address 4700 Washington Ave.
19. (a) MAR 7 1940 (Date received local registrar) (b) J. F. Braddock (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7 year 1940 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Hemorrhage due to Basal Fracture of the Skull and Fracture of Cervical Vertebrae
Due to Suffered when struck by Olive Street Car at 15th & Olive St. being
Other conditions (Include pregnancy within 3 months of death) operated by Chas. Woinem...
Major findings: Of operations about 7:30 P.M. March 6-1940
Of autopsy Accident

Duration

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 3/6/40
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph M. ... (M. D. or other) Deputy Cor.
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____, Registered Apprentice No._____ working under my personal supervision.

Signed Albert W. Hoppe

Licensed Embalmer No. 1861

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.